



TOWN OF AQUINNAH BOARD OF HEALTH

955 State Road Aquinnah MA 02535

phone: (508) 645-2309

email: boh-assistant@aquinnah-ma.gov

permit # _____

fee: \$50 _____

Application for Well Construction Permit

check all that apply

Type: _____ *new _____ deepen existing well _____ repair _____ decommission

Use: _____ potable _____ irrigation _____ geothermal _____ other

Property address: _____

Map _____ Lot _____

Property Owner's name: _____

mailing address: _____

phone: _____ email: _____

Property Owner's signature: _____ date: _____

Well Driller's name: _____

mailing address: _____

phone: _____ email: _____

well driller certification #: _____

*For new wells, please attach a site plan with a specified scale, signed by a registered surveyor or engineer, showing the location of the proposed well in relation to existing or proposed above or below ground structures.

Board of Health approval: _____

date effective: _____ expires in one year: _____